## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(5)

DIAGNOSTIC ACCESS IMAGING, INC.

Principal Place of Business	Mailing Address	

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12995 S. CLEVELAND SUITE 182 Ft Myers Fl 33907			12995 S. CLEVELAND SUITE 182 FT MYERS FL 33907							
						3. Date Incorporated or Qualified 08/27/1992	3a. Date of Last Report 02/24/1995		Report <b>995</b>	
2 Principal Pla	ce of Business	2a, Mailing Ac	2a, Mailing Address		4. FEI Number	_L	_[_	Applied For		
2. Principal Place of Business		26	k		59-3139353			Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition				
City & State			City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Added to Fee				
Zip Zip 24				Country 30	y	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Y Yes				
:41	9 Name and Address of Currer		nt	II		10. Name and Address of New F	legistered A	gent		
	g, Italio di Contrado di Contr			81	Name					
MURPH\	Y, FRANK P.				J- <u>5.</u>	(D.O. Floy Number is Net Acceptable	ilo)			
800 LAUREL OAK DRIVE			82 Street A		Address (P.O. Box Number is Not Acceptable)					
SUITE 3	01			83	5					
	FL 33963			84	1 1		FL	1	Zıp Code	
or registere familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change w	ras auunonzee	s, the above d by the cor	named cor poration's t	poration submits this statement for the pu poard of directors. Thereby accept the app	rpose of char pointment as r	ngirig it registei	is registered offic red agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agen-	t and title if applicable	ivoli	Rugstered Age	one signature rec	arred whererestating)	DATE	· 		
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OF	ICERS AND	DIREC	TORS IN 12	
TITLE	WOODDUDY DOUGLE		DELETE	1. 1 TITLE		12005 C CIEVELAN		4 Chang	ie 🗀 wanana:	
NAME	WOODBURN, RONALD L	,		1.2 NAME		12995 S. CLEVELAN	DAAR			
STREET ADDRESS	6016 LAKE GRASMERE WAY	ſ			ET ADDRESS	SUITE 182	3007			
CITY-ST-ZIP	FT MYERS FL		DE: EXC	1.4 CHTY		FORT MYERS, FL 3		Chan	ge  Addition	
TITLE	D WOODBURN MARTHA N		DELETE	2 1 717.15		13156 TALL PINE C	IR. F	7 OTRIL	a. Thomas	
NAME	WOODBURN, MARTHA H.	V		2 2 NAME	1		3907			
STREET ADDRESS	6016 LAKE GRASMERE WA	1			ET ADDRESS	<u> </u>	,			
CITY-ST-ZIP	FT MYERS FL		DELETE.	2.4 CiTY				] Chan	ge Addition	
TILLE	HANSEN, FREDERICK R.	LJ	DELETE	3 1 TITLI	1			٠	5- LJ	
NAME	13156 TALL PINES CIR			3.2 NAMI						
STREFT ADDRESS	FT MYERS FL				EFF ADDRESS					
CITY-S1-ZIP	D D		DELETE	3.4 CITY 4. 1 TITL	—·→		Ţ	Chan	ge 🖊 Addition	
TITLE				4.1 HVE		- NOTE (	}		•	
NAME CICCO ADODESCO	FERRELL, SAM J.				ET ADDRESS	- Xlatz (b	16161	12		
STREET ADDRESS	432 HERRON ROA			4.4 CITY		1016	17/4176	,		
CITY-ST-ZIF	N.FT MYERS,FL	<del>33903 </del>	DELFTE	5 1 TiTL				Chan	ge Addition	
NAME				5.2 NAM	ŧ					
STREET ADDRESS					E1 ADDRESS					
					-ST-ZIF					
CITY-ST-ZIP TITLE			DELETE	6 1 T:TL			1	Char	nge 🔲 Addition	
NAME		_		6 2 NAM	E I					
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
U111-01-ZIF	<u> </u>					its for the exemption stated in Section 11	9 07/3Vk) Flo	vida St	abites I further	

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cartify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_